

Budget Priorities and Strategic Plan Department of Children and Family Services



presented by

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Department of Children and Family Services

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to

Blue Ribbon Commission

Mission Statement



✓ **DCFS will practice a uniform service delivery model that measurably improves:**

- Child safety
- Permanency
- Access to effective and caring services

Child Safety

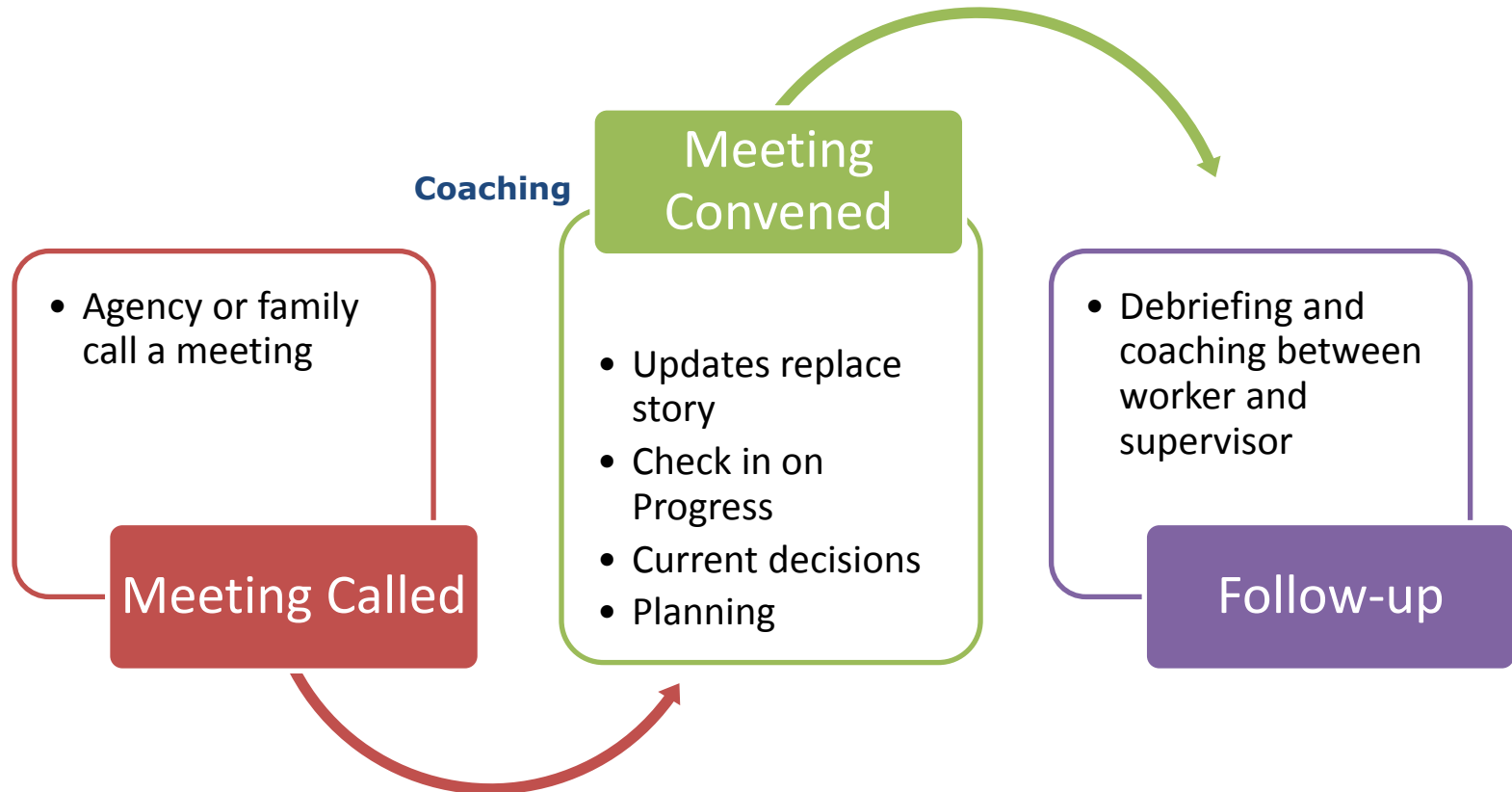


- ✓ Developed initiatives that focus on prevention, aftercare, family engagement and the inclusion of the community that will help us to provide better assessments and ensure that what we are monitoring will allow us to measure, evaluate and adapt how we ensure that children are safe.

The Core Practice Model



Child and Family Teaming



Assuring Safety: Non-Negotiables



In every meeting and interaction:

- We understand that we are brought together to **assure the safety of each child**.
- We agree that we **cannot withhold information** when to do so would put a child or team member at risk.
- We each commit to **speak up** if we believe that a plan created by this team is not safe enough.
- We will always close by **planning for what could go wrong**.

Training



- ✓ Training for new hires and ongoing training for front line workers, SCSW and Managers
 - Simulation lab provides university-dedicated spaces converted to resemble the interior of a small home

Why Simulation & Why Now?



- People retain 5 to 10 percent of what they learn through reading and lectures;
- the number increases to an 80-90 percent retention rate when they practice by doing or teaching others in simulation activities.



“Fact loading” is undesirable



- In simulation training “content” through a traditional lecture-type format is lessened.
- Staff have a safe space to practice their skills from real-life cases and get immediate feedback.
- The training allows various types of practical skills to be acquired, applied and reinforced.



Learning Through Simulation



- Repetitive, professional, skill practice
- Immediate feedback
- Active participation
- Controlled, safe and realistic environment
- Peer to Peer Learning
- Curriculum integration



Simulation Video



Policy Redesign



- ✓ **325 policies will be revised and condensed into 270**
 - Eighty policies will have been consolidated and completed by December 31, 2013;
 - An additional 80 policies will be consolidated and completed by April 1, 2014; and
 - The final 60 policies will be consolidated and completed by June 15, 2014
- ✓ **User-friendly website operational by January 2014**
- ✓ **All policies revised and uploaded by June 2014 to the new policy user-friendly website**

Policy Redesign



Intake
Assessments & In-Person Responses
Point of Engagement
Assessments
Referrals
Emergency Response Referrals
Clearances
Case Planning
In-Home Care
Out-of-Home Care
Adoption
Court Related Issues
Contracts & Visitations
Case Assignment, Transfer & Closure
Health Care
School/Education
Financial Support Systems
Confidentiality & Exchange of Information
Additional Information/Guides
Glossary
Forms

Emergency Response Referrals

[Disposition of Allegations and Closure of Emergency Response Referrals \(0070.548.10\)](#)

[Emergency Response Referrals Alleging Abuse in Out-of-Home Care for Children Under DCFS Supervision \(0070-548.05\)](#)

[Emergency Response Referrals Alleging Abuse for Children Under DCFS Supervision Residing in the Home of a Parent \(0070-548.06\)](#)

Individual Policy Menu



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Approvals
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Overview

This policy reviews the process of investigating child abuse/neglect allegations and the steps an ER & ERCP CSW must follow to prepare for, conduct, document and close an emergency response referral.

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- Assessment of the Child
 - Face-to-Face Contacts with the Child
- Assessment of the Family
 - Face-to-Face Contacts with the Parents/Guardians
- Relative Caregivers
- Collateral Contacts**
- Child Abuse Multidisciplinary Team (MDT)

Procedure

- Preparing for the Investigation
- Conducting the Investigation
- Documenting the Investigation
- Concluding the Investigation
 - SCSW Responsibilities
 - ARA/RA Responsibilities

Approvals

Helpful Links

- Statutes
- Referenced Policy Guides
- Definitions

Version Summary

This policy was updated from the 02/09/11 version to reflect the passage of AB 717. After January 1, 2012, referrals with an inconclusive allegation conclusion are no longer reportable to the DOJ. Further, the definition of a substantiated finding within a child abuse/neglect investigation was updated per Penal Code 11165.12(b). Finally, the Procedural Guide entitled "Requests From Probate Court To Assess For Possible DCFS Intervention (0070-580.10)", is canceled as its contents are now merged into the present policy.

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Link to Definitions



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the Parents/Guardians
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Collateral Contacts

CSWs are to contact all pertinent **collateral contacts** that will help in understanding the nature and extent of the alleged child abuse/neglect, and in assessing the risk to and safety of the child(ren).

In situations where referral closure is delayed due to unsuccessful attempts to make contact with a collateral contact/agency or the delayed receipt of a written report, and based on the information gathered so far the allegation(s) in the referral appear to be unfounded and/or inconclusive and the child(ren) appears to be safe, the referral may be closed in consultation with the SCSW if all of the following exist:

- No SDM safety threats were identified or if identified, it has been **clearly documented** how they were resolved
- All attempts to contact and/or requests to obtain written reports are clearly documented in the Contact Notebook
- The Investigation Narrative clearly documents how the allegations were concluded based on the evidence obtained and interviews completed throughout the investigation.

Link to Related Policies



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Standards for Documenting Contacts

Strengthening DCFS' Workforce



✓ Technology

- Provided 1,200 Smart phones to staff – Talk-to-Text feature
- Rolled out 1,000 new copiers and printers to offices
- Developed Court Tracking Alert System
- Implemented Statewide CWS/CMS access for all staff
- Implemented e-mHub system to refer clients to medical appointments
- Implemented Warrant tracking system
- Assigned 2 staff to CWS-NS-Sacramento
- Co-located with LEADER System staff
- Developed interface with DMH to identify mental health services provided to DCFS clients
- Family Risk Assessment Tool
- Advanced Analytics Tool pilot